



# **Understanding Your 2016 Benefits**

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## Employee Perks

- ✓ Free City Gym
- ✓ Fayetteville Public School Fitness Center Membership
- ✓ Employee Assistance Program
- ✓ UARK Federal Credit Union Membership
- ✓ Wellness Benefit

## Benefits

The total employee paid benefits being offered for 2016 are:

- ✓ Blue Cross Blue Shield Health Insurance
- ✓ Delta Dental Insurance
- ✓ Superior Vision Insurance
- ✓ Flexible Spending Accounts (medical and dependent care reimbursement)
- ✓ Health Savings Accounts (for those on the High Deductible Health Plan)
- ✓ The Standard Short Term Disability Insurance
- ✓ The Standard Employee Paid Voluntary Life Insurance
- ✓ ACE USA Employee Paid Voluntary Accidental Death & Dismemberment Insurance
- ✓ Colonial Accident, Cancer, and Critical Illness Supplemental Insurance

All regular, full time City of Fayetteville employees automatically receive the following:

- ✓ City Paid (free) Life Insurance: equal to one and one half times your annual salary
- ✓ City Paid (free) Long Term Disability Insurance: equal to 60% of your base pre-disability salary
- ✓ City Paid (free) Accidental Death & Dismemberment Insurance: equal to \$25,000

## Retirement Plans

- ✓ The City offers Retirement Plans for uniformed and non-uniformed eligible employees

## Paid Leave

- ✓ 12 Paid Holidays
- ✓ Vacation Leave starting at 10 days per year
- ✓ Sick Leave starting at 12 days per year
- ✓ Professional Development Leave
- ✓ Bereavement Leave

# Arkansas Blue Cross Blue Shield Health Insurance Plans

## Eligibility

Employees scheduled to work full time are eligible to participate in our health insurance plan. Benefits for newly hired, eligible employees are effective the first day of the month following 30 days of employment. If you are a new employee or are newly eligible as a result of a change in employment status you are guaranteed health and dental insurance.

## Dependent Eligibility

You may also choose coverage for your eligible dependents not only for health insurance but for many other benefit options. Eligible members of your family include:

- Your legal spouse
- Domestic Partner
- Your child up to 26 years of age
- Your stepchildren living in the household and who depend on you for principle support
- Your adopted child(ren) placed with you in anticipation of adoption or for which you are the legal guardian
- Your unmarried child(ren), who became totally disabled before the age of 19, are incapable of self-sustaining employment by reason of physical or mental handicap, and who depend on you for principle support

## Available Plans

The City of Fayetteville offers a variety of options to help to meet your individual needs. Our health insurance program offers two different levels of health coverage each with a different cost and level.

### 1. Traditional Medical Plan (PPO)

For employees who prefer a more traditional style health plan, the City offers a Traditional PPO Plan.

### Preferred Provider Organization (PPO)

The City's health insurance is provided through a Preferred Provider Organization (PPO) that offers access to healthcare at affordable rates.

**Traditional PPO City and Employee 2016 Rates**

	<b>Total Monthly Premium</b>	<b>City's Monthly Portion</b>	<b>Employee's Monthly Portion</b>	<b>Employee's Bi-weekly Payroll Deduction</b>
<b>Individual</b>	\$441.42	\$345.14	\$96.28	\$48.14
<b>Family</b>	\$1,169.73	\$749.73	\$420.00	\$210.00

description	your portion
-------------	--------------

**Individual Deductible:** The total amount of covered medical expenses that you incur before your health insurance policy begins to pay.

**\$1,000**  
(combination of both in network and out of network)

**Family Deductible — Aggregate:** The total amount of covered medical expenses your family incurs before your health insurance policy begins to pay. You pay a new deductible each calendar year.

**\$2,000**  
(combination of both in network and out of network)

**Coinsurance:** The percentage of the allowable charge for a medical service that becomes your responsibility to pay after your deductible has been satisfied.

**Copayment:** The dollar amount you pay for a doctor's office visit.

	calendar-year out of pocket maximum:	
	in network	out of network
individual	<b>\$3,000</b>	<b>\$4,000</b>
family	<b>\$6,000</b>	<b>\$8,000</b>

lifetime maximum:
<b>No Lifetime Limitation</b>

service type*	your cost in-network coinsurance	your cost out-of-network coinsurance
<b>professional services</b>		
primary care physician visit	<b>20%</b>	<b>40%</b>
specialty physician visit (Coinsurance may apply to additional services)	<b>20%</b>	<b>40%</b>
preventive services (adult wellness and routine physical)	<b>0%</b>	<b>20%</b>
children's preventive services (immunizations covered 100%)	<b>0%</b>	<b>20%</b>
professional fees for inpatient surgical and medical services	<b>20%</b>	<b>40%</b>
professional fees for outpatient surgical and medical services	<b>20%</b>	<b>40%</b>
<b>hospital and other medical facility services</b>		
hospital visit (inpatient)	<b>20%</b>	<b>40%</b>
hospital (outpatient) includes surgery, diagnostics and therapeutic care	<b>20%</b>	<b>40%</b>
emergency room visit	<b>20%</b>	<b>40%</b>
maternity and obstetrics	<b>20%</b>	<b>40%</b>
<b>other services</b>		
durable medical equipment	<b>20%</b>	<b>40%</b>
diabetic supplies	<b>20%</b>	<b>40%</b>
mental health	<b>20%</b>	<b>40%</b>
therapeutic services — physical and occupational	<b>20%</b>	<b>40%</b>
— chiropractic	<b>20%</b>	<b>40%</b>
speech	<b>20%</b>	<b>40%</b>
ambulance services — ground: up to \$1,000 per trip	<b>20%</b>	<b>20%</b>
— air: up to \$5,000 (limit one air ambulance trip per year.)	<b>20%</b>	<b>20%</b>

\* Additional fees may apply. Please check your Benefit Certificate.

Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. **Some of the above services are subject to visit, day and/or dollar limits.** Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

## your retail drug coverage

A pharmacy benefit is an important component of your overall health insurance coverage. Your drug card allows you to obtain medications at discounted prices. The different copayment levels shown on your ID

card are called “tiers.” When referring to these tiers, you’ll notice that **tier one** (generic drugs) and **tier two** (brand-name drugs) require lower copayments than **tier three** brand-name drugs. You may want to ask your doctor if there

is an alternative for a prescription that falls into the more expensive tier three category. Selecting lower-cost drugs (such as generics) is an important way to save money on your overall health-care expenses.

### copayments by tier

	tier one	tier two	tier three
retail	\$10.00	\$30.00	\$50.00
mail order*	\$20.00	\$60.00	\$100.00

*\*One copayment per 90-day supply*

## additional benefits / riders

Maternity

Mental Health Parity

Hearing Aid

Check your Benefit Certificate for details on any additional benefits or riders.

## messages

Your policy features a deductible carry over feature. Check Benefit Certificate for details and restrictions.

HealthConnect Blue — a free health program from Arkansas Blue Cross — provides you with a variety of resources to help you reach your health goals; available through “Health Resources” on My Blueprint.

My Blueprint — your personal online self-service center — allows you access to a wealth of information and can be accessed from the home page of our Web site at [arkansasbluecross.com](http://arkansasbluecross.com).

## questions?

We hope you will call us with any questions or concerns you have. Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (Central Time).

Customer Service Number: 479-527-2310 or 1-800-817-7726

More information can be found at our Web site at: [arkansasbluecross.com](http://arkansasbluecross.com)

Regional Address: Arkansas Blue Cross and Blue Shield  
516 E. Millsap Road  
Suite 103  
Fayetteville, AR 72703



PLAN #PPO XXX - 1

MPI #637 BS\_ABCBS\_IN-OUT 8/10

## **2. High Deductible Health Plan (HDHP) and Health Savings Account (HSA)**

This option allows employees to purchase an insurance plan with much lower premiums and make contributions to a health savings account on a tax free basis. You can combine a tax-favored (pre-tax) savings account with a High Deductible Health Plan to pay for qualified healthcare expenses with tax-free money.

### **High Deductible Health Plan (HDHP)**

By design, the high deductible health plan cannot have first dollar coverage.

**High Deductible Health Plan 2016 Rates**

	<b>Total Monthly Premium</b>	<b>City's Monthly Portion</b>	<b>Employee's Monthly Portion</b>	<b>Bi-weekly Payroll Deduction</b>
<b>Individual</b>	\$232.86	\$212.68	\$20.18	\$10.09
<b>Family</b>	\$617.02	\$557.74	\$59.28	\$29.64

### **Health Savings Account (HSA)**

In addition to a lower premium, you will also receive City contributions to your Health Savings Account. This account belongs to you and you will be provided with a debit card in order to utilize the funds for approved medical expenses. This account is portable and when you leave the City, the money goes with you. The account also earns interest tax-free. Even though you received a tax deduction by putting your money into this account, the money is still yours to spend tax free as long as you spend it on qualified medical expenses. Please note that if you utilize these funds to pay non-qualifying expenses you will incur a tax penalty in addition to paying normal income tax on those funds.

**You and the City can make contributions to your HSA up to the following maximums**

<b>Individual Coverage</b>	\$3,350
<b>Family Coverage</b>	\$6,750
<b>Age 55+</b>	\$1,000 more

**City's contribution to your HSA**

	<b>City's Contribution Per Payroll</b>	<b>City's Contribution Per Year</b>
<b>Individual Coverage</b>	\$35.40	\$849.60
<b>Family Coverage</b>	\$78.33	\$1,879.92

### **Eligibility**

To be eligible to enroll the employee must be covered under a high deductible health plan and must not be enrolled in any other health plan that is not a high deductible. In other words, you cannot be covered by your spouse, parent or other person's insurance plan that's not a high deductible. You cannot be claimed as a dependent on another person's tax return. You cannot be enrolled in Medicare.

description	in network	out of network
<b>Individual Deductible:</b> The total amount of covered medical expenses that you incur before your health insurance policy begins to pay.	\$3,000	\$6,000
<b>Family Deductible — Aggregate:</b> The total amount of covered medical expenses your family incurs before your health insurance policy begins to pay. You pay a new deductible each calendar year.*	\$6,000	\$12,000

**Coinsurance:** The percentage of the allowable charge for a medical service that becomes your responsibility to pay after your deductible has been satisfied.

**Dependent Benefits:** Your older dependent children can be covered by your health insurance until they reach 26 years of age, unless they can be covered by their employer.

\*The family deductible adds together expenses from family members in any combination to satisfy the deductible. **Example:** With a \$6,000 deductible for family contracts, four people can have \$1,500 in expenses and satisfy the deductible. Or one individual can have \$6,000 in expenses, and all persons in the family will be considered to have satisfied the deductible.

calendar-year coinsurance maximum:		lifetime maximum:
in network	out of network	No Lifetime Limitation
\$3,000	Unlimited	
\$6,000	Unlimited	

service type**	your cost in-network coinsurance	your cost out-of-network coinsurance
<b>professional services</b>		
primary care physician visit	0%	20%
specialty physician visit	0%	20%
adult wellness (deductible does not apply in network)	0%	20%
children's preventive health services (deductible does not apply in network) immunizations covered 100%	0%	20%
professional fees for inpatient surgical and medical services	0%	20%
professional fees for outpatient surgical and medical services	0%	20%
<b>hospital and other medical facility services</b>		
hospital visit (inpatient)	0%	20%
hospital (outpatient) includes surgery, diagnostics and therapeutic care	0%	20%
emergency room visit	0%	20%
maternity and obstetrics	0%	20%
<b>other services</b>		
durable medical equipment	0%	20%
diabetic supplies	0%	20%
mental health**	0%	20%
therapeutic services — physical and occupational**	0%	20%
— chiropractic	0%	20%
speech**	0%	20%
ambulance services — ground: up to \$1,000 per trip	0%	0%
— air: up to \$5,000 (limit one air ambulance trip per year.)	0%	0%
retail pharmacy - standard formulary	0%	non-covered
- subject to deductible		

\*\*Visit limitations may apply to some service types.  
Please check your Benefit Certificate.

HSA XXX - 1



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*Great customer service is ...  
right in your backyard!*



**If you like great service that's close to home, *we're here for you.***

The friendly, knowledgeable customer service team at **Arkansas Blue Cross and Blue Shield's** Northwest Regional Office is behind you, ready to help when it comes to addressing your questions or resolving issues that may arise regarding your health insurance coverage. Whether you carry the **Arkansas Blue Cross, Health Advantage** or **BlueAdvantage Administrators of Arkansas** card, help is just a "touch" away. If you need to talk to someone on our local service team, simply dial one number, toll free, for assistance:

**1-800-817-7726**

E-mail: [CustomerServiceNW@ArkBlueCross.com](mailto:CustomerServiceNW@ArkBlueCross.com)

Northwest Regional Office location:  
**516 E. Millsap Road, Suite 103**  
**Fayetteville**

**Personal service from people you trust ... *neighbor serving neighbor!***



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**Health Advantage**  
  
An Independent Licensee of the Blue Cross and Blue Shield Association



**BlueAdvantage  
Administrators of Arkansas**  
An Independent Licensee of the Blue Cross and Blue Shield Association

## Delta Dental PPO *Plus* Premier Dental Benefits

The City of Fayetteville has contracted with Delta Dental to provide dental insurance for our employees. Per our contract, the dental insurance is bundled to the health insurance. For example, an employee electing family medical insurance must also elect family dental insurance. Employees may choose any dentist but are encouraged to select dentists who are plan participants. These dentists have agreed to file your claims and accept the Delta Dental allowable charges. A listing of In-Network Dentist can be found at <http://www.deltadental.com>. In addition those who choose a PPO dentist will have added benefits. For other questions you contact Delta at **800-462-5410**.

**Delta Dental Plan 2016 Rates**

	<b>Total Monthly Premium</b>	<b>Employee's Cost (monthly)</b>	<b>Employee's Cost (per pay period)</b>
<b>Individual</b>	\$26.20	\$26.20	\$13.10
<b>Family</b>	\$88.54	\$88.54	\$44.27

Delta Dental of Arkansas offers paperless benefit statements. Electronic statements conserve paper and help ensure important dental benefit information is secure and easy to locate. Registration is quick, easy and may be completed by logging in to Delta Dental's secure website at [www.deltadental.com](http://www.deltadental.com). Once registered, enrollees will:

- Receive time sensitive information faster.
- Receive email notifications when their claims have been processed and are ready to view.
- Receive email notifications of Predeterminations and Information Requests produced regarding their claims.
- Have access to their information 24/7.
- Have their claim history, Certificate of Coverage and Schedule of Benefits in one, easily accessible location.
- Have the ability to check their eligibility and benefits information.
- Have the ability to print replacement ID Cards...no waiting!
- Have the ability to find a participating dentist to save on out-of-pocket expenses.
- Help reduce paper use which is the environmentally responsible choice.

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**Delta Dental PPO *Plus* Premier**

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**Schedule of Benefits for City of Fayetteville**

**Original Effective Date:** January 1, 2002 12:01 a.m. Central Standard Time,

**Amended and Effective: January 1, 2014**

**Group Number: 1941**

**Annual Deductible:** \$50 for benefits received in

- Coverage B
- Coverage C
- TMJ Rider
- Child Orthodontic Rider

With a maximum of \$50 per person and a family maximum of \$150 per benefit period. There is no deductible on Coverage A.

**Annual Maximum Payment: \$1,500** per person per benefit period.

**Benefit period:** A benefit period for each eligible participant shall mean a mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Coverages and Maximum Plan Allowances (MPA)**

**Coverage A – Diagnostic and Preventative Services**

**PPO In Network 100% MPA  
Premier In Network 100% MPA  
Out Of Network 90% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical x-rays as required.
- Full-mouth x-rays one (1) in any thirty-six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period, inclusive of an initial oral examination.\* **Please see information on Evidence Based Dentistry.**
- Topical application of fluoride one (1) per benefit period for dependent children to age nineteen (19).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age nineteen (19).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

## Coverage B – Basic Restorative Services

**PPO In Network 80% MPA**  
**Premier In Network 80% MPA**  
**Out Of Network 72% MPA**

- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Amalgam (silver) and composite/resin (white) fillings.
- Simple extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age sixteen (16).
- Endodontics, including pulpal therapy and root canal filling.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.
- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.
- Surgical periodontics.
- Non-surgical periodontics.
- Periodontal maintenance; limited to two (2) per benefit period following active periodontal treatment.\* **Please see information on Evidence Based Dentistry.**

## Coverage C – Major Restorative Services

**PPO In Network 50% MPA**  
**Premier In Network 50% MPA**  
**Out Of Network 45% MPA**

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Coverage for an endosteal implant to support a crown.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

## **Rider(s)**

**Child Orthodontic Rider** – Orthodontic services for dependent children to age nineteen (19).

**Lifetime Maximum Payment: \$1,000**

**PPO In Network 50% MPA**

**Premier In Network 50% MPA**

**Out Of Network 45% MPA**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan.

**TMJ Rider** –Treatment of temporomandibular joint disorder (TMJ) or craniomandibular disorder.

**PPO In Network 50% MPA**

**Premier In Network 50% MPA**

**Out Of Network 45% MPA**

### **Carry Over Benefit Rider**

Carry over benefit: **\$375**

Claims threshold: **\$749**

Carry over benefit maximum: **\$1,500**

**(\*) Evidence Based Dentistry:** DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

*Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.*

*Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com)*

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

## Vision Plan Benefits for City of Fayetteville

### Co-Pays

Exam	\$10
Materials¹	\$15
Contact Lens Fitting (standard & specialty)	\$0

### Monthly Premiums

Emp. only	\$6.30
Emp. + spouse	\$12.20
Emp. + child(ren)	\$12.20
Emp. + family	\$17.94

### Services/Frequency

Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

### Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam (Ophthalmologist)	Covered in full	Up to \$42 retail
Exam (Optometrist)	Covered in full	Up to \$36 retail
Frames	\$100 retail allowance	Up to \$45 retail
Contact Lens Fitting (standard²)	Covered in full	Not covered
Contact Lens Fitting (specialty²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$28 retail
Bifocal	Covered in full	Up to \$42 retail
Trifocal	Covered in full	Up to \$56 retail
Polycarbonate – dependents to age 18	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
Progressive lens upgrade	See description³	Up to \$56 retail
Contact Lenses⁴	\$130 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² See your benefits materials for definitions of standard and specialty contact lens fittings

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-40%) prior to service as they vary.

#### Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	<u>Maximum Member Out-of-Pocket</u>	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

#### Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other	
prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

**www.superiorvision.com**  
**Customer Service**  
**800-507-3800**

### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5%-50%, and are the best possible discounts available to Superior Vision.

*The Plan discount features are not insurance.*

*All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.*

*Discounts are subject to change without notice.*

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.*





# Employee Life Insurance

**City Paid Life Insurance:** The City of Fayetteville recognizes the importance of your family's financial security. As a benefit to all of our eligible employees, the City provides life insurance of 1 and ½ times your annual salary at no cost to you. In addition to this benefit, the City provides you with an accidental death and dismemberment policy of \$25,000.

## **Voluntary (Employee Paid) Term Life Insurance**

For those wishing to purchase additional life insurance coverage, the City provides an opportunity for employees to purchase employee paid life insurance policies for themselves and their dependent spouses and children at group rates.

On the following pages we have included the "coverage highlights" for the employee paid voluntary life insurance. This document highlights the cost for coverage, the guaranteed issue amounts and other important information.

### **Voluntary Life Insurance**

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Life Employee Brochure included in your packet or check with your human resources representative.

### **Employer Plan Effective Date**

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary Life coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

### **Eligibility**

To be eligible for this plan:

- You must be an active employee of the City of Fayetteville, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 30 hours each week
- For Dependents Life insurance – Your *spouse* or *children* must not be full-time members of the armed forces

### **Employee Coverage Amount**

You may elect Voluntary Life coverage in units of \$10,000 to a maximum of \$500,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount in excess of \$250,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

**However, during the employer's annual open enrollment period you may elect to increase your coverage one increment of \$10,000, up to \$100,000 without medical evidence. During this period employees who are currently enrolled for \$100,000 or more would be required to submit medical evidence for any increases.**

Dependents Life insurance from Standard Insurance Company is also included in this plan.

### **Spouse Coverage Amount**

This coverage is available in units of \$10,000 to a maximum of \$500,000, but not to exceed 100 percent of your Voluntary Life coverage.

If you elect an amount for your *spouse* greater than \$50,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

### Coverage Amount for Children

You may elect \$2,500, \$5,000, \$7,500, or \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 100 percent of your Voluntary Life coverage. All late applications will be subject to medical underwriting approval.

### Employee Rates

If you elect Voluntary Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.055
30-34	\$0.065
35-39	\$0.090
40-44	\$0.130
45-49	\$0.210
50-54	\$0.420
55-59	\$0.680
60-64	\$0.820
65-69	\$1.390
70+	\$3.390

To calculate your premium:

1. Amount Elected: Write this amount on the Life Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 - 5 for more information pertaining to rate calculation. Line 4: \_\_\_\_\_

### Spouse Rates

If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.055
30-34	\$0.065
35-39	\$0.090
40-44	\$0.130
45-49	\$0.210
50-54	\$0.420
55-59	\$0.680
60-64	\$0.820
65-69	\$1.390
70+	\$3.390

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 = Line 2. Line 2: \_\_\_\_\_
3. Select the rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 - 5 for more information pertaining to rate calculation for your *spouse*. Line 4: \_\_\_\_\_

### Child(ren) Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.42 for \$2,500, \$0.82 for \$5,000, \$1.22 for \$7,500, or \$1.62 for \$10,000; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.



### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

### Age Reductions

Under this plan, coverage reduces to 60 percent at age 75, 35 percent at age 80, 27 percent at age 85, 20 percent at age 90, and 7 percent at age 95. If you, or your *spouse*, are age 75 or over, ask your human resources representative for the amount of coverage available.

### Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

### Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

### When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse*, the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

## ACE USA Voluntary AD&D Coverage

Voluntary (Employee Paid) AD&D Rates	
Rates per \$1,000 of coverage	
Employee	\$ .03
Family	\$ .05

**Rate Calculation Example:** An employee wishes to purchase \$25,000 AD&D coverage for their family. Multiply \$.05 (family rate) by 25 and the cost per month would be \$1.25.

### Basic AD&D Plan information:

- You may select any amount of coverage in \$25,000 increments from \$25,000 to \$250,000.
- Spouse and dependent children may also be insured under the family plan
- The coverage for spouse and children is based on a percentage of the benefit amount. Please see the Schedule of Benefits for details.
- Coverage is provided regardless of health history
- This policy does not cover loss resulting from self-inflicted injuries, suicide or any attempt; war or any act of war; while on fulltime active duty in the armed forces; travel in experimental aircraft and while serving as a pilot or crew member of any aircraft. \$1,000,000 is the maximum amount payable to all insured's injured in a common accident.

\* Please review the plan information for more details or contact Human Resources.

### ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Employee Principal Sum:	An amount elected by the Employee between \$25,000 to \$250,000 in increments of \$25,000
Spouse Principal Sum:	60% of Insured's Principal Sum if at the time of claim there are no Dependent Child(ren)  50% of Insured's Principal Sum if at the time of claim there are Dependent Child(ren)
Child(ren) Principal Sum:	15% of Insured's Principal Sum up to a Maximum Benefit of \$37,500 if at the time of claim there is a Dependent Spouse  20% of Insured's Principal Sum up to a Maximum Benefit of \$50,000 if at the time of claim there is no Dependent Spouse
Time Period for Accident:	365 days from the date of the Covered Accident

## City Paid Long Term Disability

The City provides employer paid long term disability coverage through The Standard Life Insurance Company for all regular full time employees. Highlights of this coverage are listed below:

### Eligibility:

All active employees of the employer working at least 30 hours each week who have completed the required waiting period. An eligible employee does not include a temporary or seasonal employee, full-time member of the armed forces, leased employee or an independent contractor.

<b>LTD Income Benefit</b>	60%
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$100
<b>Benefit Waiting Period</b>	180 Days
<b>Maximum Benefit Period</b>	To Social Security Normal Retirement Age
<b>Own Occupation Period</b>	24 Months
<b>Guarantee Issue (benefit)</b>	Full Benefit
<b>Employer Contribution</b>	100%

- ❖ A Rehabilitation Plan Benefit is included that will pay for some or all of the expenses incurred by a disabled employee in connection with approved training and education, family care, and job-related and job search expenses.
- ❖ A Reasonable Accommodation Expense Benefit is included. This benefit reimburses employers up to \$25,000 for approved modifications made to a disabled employee's work place that result in a return to work.
- ❖ An Employee Assistance Program (EAP) is included. EAP services offered through Horizon Behavioral Services include Work Life services, legal and financial counseling and up to three face-to-face assessment and counseling sessions.



### Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the City of Fayetteville. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Short Term Disability (STD) Employee Brochure included in your packet or check with your human resources representative.

### Employer Plan Effective Date

The group policy effective date is January 1, 2011.

### Eligibility

To become insured, you must be:

- A regular, full-time employee of the City of Fayetteville, excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Actively at work at least 30 hours each week
- A citizen or resident of the United States or Canada

### Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first day of the month coinciding with or next following 30 days as an eligible employee
- An evidence of insurability requirement for late enrollment
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Note: Late enrollment is defined as enrollment applications received 31 days after becoming eligible.

### Benefit Amount

Your weekly benefit is 60 percent of your insured predisability earnings reduced by deductible income. Please contact your human resources representative for information regarding what is included in predisability earnings.

Plan Maximum Weekly Benefit: \$1,250

Plan Minimum Weekly Benefit: \$15

### Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable.

	Plan Option 1	Plan Option 2
Accidental injury:	14 days	30 days
Other disabilities:	14 days	30 days

**Maximum Benefit Period**

If you become disabled, benefits may continue during disability up to 180 days. If you are eligible to receive benefits under an employer-sponsored Long Term Disability (LTD) plan, STD benefits may continue during disability up to 180 days, minus the length of the benefit waiting period. STD benefits cease to be payable when LTD benefits begin.

**When Benefits End**

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date LTD benefits become payable to you under an employer-sponsored LTD plan
- The date you fail to provide proof of continued disability and entitlement to benefits

**Rates**

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative. Premiums for this coverage will be deducted directly from your paycheck.

Age (as of January 1)	Rate per \$10 of STD benefit	
	Plan Option 1	Plan Option 2
<25	\$0.590	\$0.447
25-29	\$0.540	\$0.416
30-34	\$0.525	\$0.406
35-39	\$0.556	\$0.416
40-44	\$0.666	\$0.499
45-49	\$0.800	\$0.603
50-54	\$0.894	\$0.676
55-59	\$1.290	\$0.978
60-64	\$1.664	\$1.248
65-69	\$1.945	\$1.456
70+	\$1.945	\$1.466

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average weekly income, not to exceed \$2,083, on Line 1. Line 1: \_\_\_\_\_
2. Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2. Line 2: \_\_\_\_\_
3. Select your rate from the rate table and enter on Line 3. Line 3: \_\_\_\_\_
4. Multiply Line 2 by the amount entered on Line 3. Line 4: \_\_\_\_\_
5. Divide the amount entered on Line 4 by 10 and enter on Line 5. Line 5: \_\_\_\_\_

The amount shown on Line 5 is your estimated monthly payroll deduction.

**Group Insurance Certificate**

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

## Flexible Spending Accounts

The Flexible Spending Account (FSA) program allows you to use pre-tax dollars to pay dependent care and medical expenses not covered by other benefit programs. There are two types of flexible spending accounts – dependent care and health care spending. For those employees who are enrolled in the health saving account, there are some restrictions on eligibility for a flexible spending account. Be sure to speak with the Benefits Administrator if you are interested in participating in both plans.

### **Health Care Spending Account**

Your health care spending account can be used to pay for medical expenses not reimbursed through an insurance plan. These expenses can be yours, your spouse's or dependent's (as defined by the IRS). You decide how much you want to put into the account based on your estimated medical expenses. **The maximum amount allowed is \$2,550 for the 2016 plan year.**

#### **Types of eligible expenses include:**

- Expenses applied to your deductible
- Medical supplies and hearing exams
- Co-payments as required under group insurance
- Vision care such as eye exams, glasses or contacts
- Prescription co-pays and deductibles

Simply decide how much you wish to contribute, divide that by the number of pay periods remaining in the year and deductions will be made from your paycheck in equal installments throughout the year on a pre-tax basis. These deductions are sent into your flexible spending account. You may request reimbursement of up to the full amount of your annual election at any point during the year.

For those employees who wish to do so, a debit card is available free of cost. For those employees who do not wish to utilize a debit card, reimbursement forms are available. Regardless of which form you use to obtain reimbursement, be sure to keep all your receipts.

Eligible expenses must be incurred during the current plan year. Please note that any expenses submitted through your health care spending account cannot be claimed as a deduction on your tax statement or reimbursed from a health insurance plan.

Money allocated for the health care spending account cannot be refunded if unused or carried over from year to year. It is **USE IT or LOSE IT**, so please be careful when deciding what amount to contribute.

### **Dependent Care Spending Account**

Your dependent care spending account can be used to pay for eligible expenses related to dependent care for the plan year. You decide how much you want to put into the account based on your estimated expenses. **The maximum amount allowed is \$5,000 per year.**

To qualify, the individual requiring care must be your dependent, under age 13 or a spouse or dependent that is physically or mentally unable to care for himself/herself. You must submit the name, Federal Tax ID number or social security number of the care provider. One of your dependents caring for another dependent is not reimbursable.

For those employees who wish to do so, a debit card is available free of cost. For those employees who do not wish to utilize a debit card, reimbursement forms are available. Regardless of which form you use to obtain reimbursement, be sure to keep all your receipts.

Eligible expenses must be incurred for the current year. Any portion of your dependent care costs reimbursed through this program may not be included in the childcare tax credit calculation on your income tax returns. Money allocated for Dependent Care Spending cannot be refunded or carried over from year to year.





## Take Advantage of What Colonial Life Has to Offer!

Have we got news for you! As an employee of the City of Fayetteville you have the opportunity to apply for personal insurance products! These benefits can enhance your current benefits portfolio and can be customized to fit your individual needs. Also:

- o Coverages are available for you *and* your family, with most products.
- o You will enjoy the convenience of premium payment through payroll deduction.
- o You will have the ability to take most coverages with you if you change jobs or retire.

The following Colonial Life & Accident Insurance Company plans will be offered:

**Accident Insurance** – helps offset unexpected medical expenses, such as deductibles and co-payments, that can result from a fracture, dislocation or other covered accidental injury.

**Cancer Insurance** – helps offset the out-of-pocket medical and nonmedical expenses related to cancer that most medical plans may not cover. This coverage also provides benefits for specified cancer-screening tests.

**Critical Illness Insurance** – complements your major medical coverage by providing a lump-sum benefit you can use to help pay the direct and indirect costs related to a covered critical illness.

To schedule a meeting with a Colonial Life benefits representative, all you have to do is e-mail or call for an appointment. Your insurance needs can be reviewed in just a few short minutes. With Colonial Life, you can select benefits that meet your individual needs and make your benefits count!

**Don't miss your chance to learn more about this exciting opportunity!!**

**Mika McFadden or Tami Marks**

**4257 Gabel Drive, Suite 3B**

**Fayetteville, AR 72703**

**(479) 444-7474**

**(479) 973-6523 (fax)**

**[mmcolonial@gmail.com](mailto:mmcolonial@gmail.com); [tami.colonial@yahoo.com](mailto:tami.colonial@yahoo.com)**

Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits representative. Policies or provisions may vary or be unavailable in some states.

Colonial Life  
1200 Colonial Life Boulevard, Columbia, South Carolina 29210  
[coloniallife.com](http://coloniallife.com)

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

**Colonial Life.**  
*Making benefits count.*

SW163

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# Colonial Life

- *Benefits are paid directly to the you unless you specify otherwise*
- *Benefits are paid in addition to other insurance you may have with other insurance companies*
- *Coverage is portable. You can take this coverage with you if you change jobs or leave the company*
- *Premiums are payroll deducted through your paycheck*

## Accident 1.0

Pays you for ER visits, X-rays, MRIs, Follow-up doctor visits, hospitalization, surgery, broken bones, dislocations, accidental death, and catastrophic accident benefits resulting from an accident on or off the job. There is a Health Screening benefit per covered person per year.

Rider Options:

On & Off Job *or* Off-Job Only Accident Disability Income  
On & Off Job *or* Off-Job Only Accident/Sickness Disability Income  
Spouse Off Job Only Accident *or* Accident/Sickness Disability Income  
Sickness Hospital Confinement Rider

<b>Accident (On &amp; Off Job Coverage)</b>	<b>Preferred w/ Health Screening</b>
Individual (Employee, Spouse, or Child)	\$10.58 semi-monthly
Employee and Spouse	\$14.49 semi-monthly
One Parent Family	\$16.34 semi-monthly
Two Parent Family	\$20.24 semi-monthly

## Cancer

Pays you \$100 each year when you have a wellness checkup and helps cover direct and indirect costs related to cancer diagnosis and treatment. Benefits help with the costs associated with treatment such as chemotherapy and radiation; bone marrow transplants; hospitalization; surgery; travel expenses; living expenses; and supportive or protective care drugs.

Three rider options:

Specified Disease Rider  
Initial Diagnosis Rider  
Progressive Payment Rider

<b>Cancer Assist</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Individual	\$9.05 semi-monthly	\$10.83 Semi-monthly	\$13.33 Semi-monthly	\$17.80 Semi-monthly
Employee and Spouse	\$14.30 semi-monthly	\$16.93 Semi-monthly	\$22.20 Semi-monthly	\$29.70 Semi-monthly
One Parent Family	\$9.13 semi-monthly	\$10.98 Semi-monthly	\$13.55 Semi-monthly	\$18.10 Semi-monthly
Two Parent Family	\$14.38 semi-monthly	\$17.08 Semi-monthly	\$22.43 Semi-monthly	\$30.00 Semi-monthly

## Critical Illness 1.0

Each employee can choose a face amount from \$5,000 up to \$75,000 with options to cover a spouse at 50% of chosen face amount and dependent child(ren) at 25% of chosen face amount. Coverage pays 100% of the policy's face amount for heart attack, stroke, major organ transplant, end stage renal failure, permanent paralysis due to a covered accident, coma, blindness, and occupational infections HIV or Hepatitis B, C, or D. The policy pays 25% the face amount purchased for coronary artery bypass surgery. In addition to these benefits, coverage also pays \$50 per calendar year for wellness tests and subsequent diagnosis benefits. Complements Major Medical coverage; pays deductibles and coinsurance; replaces lost income; benefits can be used for travel to and from treatment center or for childcare and unexpected household expenses.

**\*\*SAMPLE RATE: \$25,000 benefit for someone age 35-39 costs  
\$8.95/paycheck for a non tobacco user and \$13.20/paycheck for a tobacco user**





## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### Program Summary

#### What is an Employee Assistance Program (EAP)?

The EAP is a confidential counseling and referral service that can help you and your family members effectively deal with problems, both large and small, that may affect your ability to do a good days work or enjoy life to its fullest.

#### Why would I use the EAP?

Sometimes problems can become too great to handle. When the stresses and strains of daily life lead to diminished job performance or disruptions in your personal life, it's probably time to ask for help.

The EAP can help you with:

- Drug & Alcohol abuse
- Family problems
- Job stress
- Gambling
- Anxiety or depression
- Grief or bereavement
- Illness or injury
- Financial hardships

#### Who can use the Program?

All full-time employees and their eligible dependents may use the EAP. This is true, whether or not, you participate in the employer's insurance program.

#### How much does it cost to use the EAP?

There is **no cost** to employees or their dependents to use EAP services. If you require services that are outside the scope of the EAP, you will be responsible for such services.

#### What type of counseling is available?

The EAP makes available to all eligible employees and dependents up to five (5) counseling sessions each, with a licensed mental health professional from Ozark Guidance or one of their affiliates.

(continued)

#### How do I contact the EAP, and what happens when I call?

Contacting the EAP is easy. Just call:

**(479) 725-1600 or (800) 725-0340.**

The phones are answered 24 hours a day. When you call during normal business hours (8:30 -5 Monday - Friday), you simply identify yourself as an employee/dependent of *City of Fayetteville* and you will be connected with the Entry department. The entry counselor will ask a series of questions concerning the nature of your situation and then set an appointment with an EAP counselor, make a referral, or both. If the call comes in after hours or if all the entry counselors are busy, a time will be set for a counselor to call you back. If it is an emergency, the counselor on call will be contacted to respond immediately.

#### Will anyone know I called?

No. Your participation in the EAP is strictly confidential. No one will know you contacted the EAP unless you choose to tell him or her yourself. Your contacting the EAP will not affect your job security or chance of promotion.

#### What if my boss tells me to call?

If your job performance has deteriorated to the point that your job may be in jeopardy, you may be directed by your supervisor to contact the EAP to determine if a personal problem is the cause. In such cases, with your permission, we work with you, your supervisor and your Human Resource department to assist you in solving whatever problem has caused the concern. Remember, if your employer refers you the EAP, it's because they are genuinely concerned about you and want to keep you as a valuable employee. However, any decision about your sustained employment with *City of Fayetteville* is based on company policy and your work performance, **not** your participation in the EAP.



**GUIDANCE E·A·P**

*a division of Ozark Guidance*

(479) 725-1600 or 800.725-0340  
2400 S. 46<sup>th</sup> Street, Springdale AR 72766  
[www.ozarkguidance.org](http://www.ozarkguidance.org)

Ozark Guidance is committed to the delivery of services regardless of race.

## Making Changes to Your Benefits

The City utilizes a Cafeteria Plan under Section 125 of the Internal Revenue Code. This cafeteria plan allows you to have your deductions made on a pre-tax basis. This in turn reduces your taxable income and may reduce the amount of taxes you pay within the year.

### Annual Benefits Enrollment:

Annually in the fall the City has an annual enrollment period. This is the time frame in which all employees may review and make changes to their benefits. They may add, change or terminate coverage under any particular plan at that time. The changes will go into effect during the following plan year.

### Qualifying Events:

The IRS imposes regulations on group plans that govern the circumstances under which changes to your benefit elections can be made. These events are referred to as a “Qualifying Event”.

As a friendly reminder, each of the status changes listed below can be a qualifying event that will allow or require you to make changes to your benefits. Please remember that it is important that you immediately notify Human Resources if you have a change in family status such as:

- You become married or divorced.
- You have a new child either by birth or adoption.
- Your spouse experiences a job change (gain or loss of employment or increase or reduction in hours).
- You have a dependent no longer eligible for benefits due to age or other eligibility status.
- You or your dependent experience a loss of coverage under a Medicaid Plan under Title XIX of the Social Security Act.
- Your dependent experiences a loss of coverage under State Children’s Health Insurance Program (SCHIP) under Title XXI of the Social Security Act (ARKids First).
- You or your dependent becomes eligible for group health plan premium assistance under Medicaid or SCHIP (ARKids First).

When you give notice of an event to the Benefits Administrator, your situation is evaluated to determine what changes, if any, can or should be made. Enrollment changes are possible only within a limited time frame after the event. ***Failure to provide timely notification of status changes can leave you or your family members ineligible for our group benefits and can sometimes create unnecessary financial hardships on employees.*** Therefore, please report these events as soon as you have knowledge of them and we will handle your need in the most expeditious and private manner possible.

All changes to benefits are effective the first of the month following the date of the event, unless the date falls on the first of the month. In that case benefits are effective that day. Newborns’ benefits are effective as of the date of birth.

**Benefits Contact:**  
**Pachee Lee**  
**Benefits Administrator**  
**Phone: (479) 575-8279 or ext. 8279**  
**E-mail: [palee@fayetteville-ar.gov](mailto:palee@fayetteville-ar.gov)**